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1: Tokai J Exp Clin Med. 1988;13 Suppl:125-8. Related Articles, Link

Pertussis in adults: possible use of booster doses for control.

Hewlett EL.

Department of Internal Medicine, University of Virginia School of Medicine Charlottesville 22908.

Adolescents and adults represent an increasing proportion of the relatively fixed number of reported pertussis cases in the United States each year. Widespread use of pertussis vaccine in the pediatric population has resulted in more individuals reaching adulthood without having had the disease. Since pertussis vaccine is not recommended for routine use in persons over 6 years of age, the loss of vaccine immunity with time after immunization provides a continuous supply of susceptibles (beginning during the teen years) in the population. It has been suggested that whole cell pertussis vaccine is more reactogenic in adults than in children. The data, however, indicate that the rates of local and systemic reactions are equivalent to those reported for children receiving routine pertussis immunization. Nevertheless, because pertussis is not a life-threatening illness in adults, the allegations against and perceptions about the vaccine cannot be overcome and whole cell PDT will never be used routinely in adults. The development of acellular pertussis vaccines, however, provides a novel opportunity for consideration of immunization of the adult population. In phase I trials, acellular pertussis vaccine has been given to adults with minimal reactions and good immunogenicity. Preparations containing pertussis toxin (PT) and filamentous hemagglutinin (FHA) were associated with greater frequency of local reactions to doses following the first. These data indicate that routine booster immunization of the adult population, probably every 10 years with tetanus-diphtheria toxoids (Td), is feasible and might be beneficial in control of pertussis. A major hurdle in consideration of such a policy will be theoretical acceptance by the medical community and lay public.

Publication Types:
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PMID: 3078801 [PubMed - indexed for MEDLINE]

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1: J Infect Dis. 1995 Apr;171(4):1053-6. Related Articles, Link

Use and safety of acellular pertussis vaccine among adult hospital staff during an outbreak of pertussis.

Shefer A, Dales L, Nelson M, Werner B, Baron R, Jackson R.

Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333.

During May and June 1993, 10 patients and 5 members of the clinical staff at a hospital in California were diagnosed with Bordetella pertussis infection. In addition to erythromycin prophylaxis, 630 (48%) of 1330 staff members received a half dose of acellular pertussis vaccine with tetanus and diphtheria toxoids (DTaP). To identify side effects of the vaccine, a questionnaire was completed by 344 (54%) of 630 vaccinated staff. Side effects were reported by 117 respondents (34%); 64 were classified as mild (local reaction at injection site) and 50 as moderate (systemic complaints or local reaction resulting in limitation of arm movement). Three vaccinees (< 1%) reported missing 1 or more days of work because of their symptoms. Local reactions at the injection site occurred in 100 (29%), systemic symptoms in 38 (11%), and limitation of arm movement in 18 (5%). This study indicates that use of half dose of DTaP in adults appears safe and should be considered as an adjunct to chemoprophylaxis during institutional outbreaks.

Publication Types:
- Clinical Trial

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1: JAMA. 1993 Jan 6;269(1):53-6. Related Articles, Link

Comment in:

- JAMA. 1993 Jan 6;269(1):93-4.

Adult immunization with acellular pertussis vaccine.

Edwards KM, Decker MD, Graham BS, Mezzatesta J, Scott J, Hackell J

Department of Pediatrics, Vanderbilt University School of Medicine, Nashville, Tenn.

OBJECTIVE--To evaluate the safety and immunogenicity in adults of severa different concentrations of an acellular pertussis vaccine. DESIGN--Double-blind, randomized, placebo-controlled trial. SETTING--Medical center immunization clinic. PARTICIPANTS--One hundred eighteen healthy adult volunteers. INTERVENTIONS--Participants received standard adult tetanus-diphtheria vaccine alone or combined with full-strength, half-strength, or quarter-strength concentrations of a currently licensed acellular pertussis vaccine used for booster doses in young children. Full-strength vaccine contained 40 micrograms of pertussis proteins, consisting of 86% filamentou hemagglutinin, 8% pertussis toxin, 4% 69-kd outer-membrane protein, and 2% agglutinogens. MAIN OUTCOME MEASURES--Local and systemic reactions were assessed for 14 days after vaccination. Serum samples for antibody assay were obtained before, 1 month after, and 1 year after immunization. RESULTS--Adverse reactions were few and minor and did nc differ in frequency or severity among the four study groups. The groups receiving acellular pertussis vaccine showed strong antibody responses to pertussis antigens, which did not significantly differ by concentration of vaccine. After 1 year, levels of antibody to pertussis had declined by approximately 50% but remained substantially higher than preimmunization levels. The four groups did not differ in antibody responses to tetanus or diphtheria toxoids. CONCLUSIONS--Routine reimmunization of adults with a vaccine containing acellular pertussis antigens in addition to diphtheria and tetanus toxoids can substantially enhance pertussis antibody levels without ai increase in adverse reactions or diminution in response to the diphtheria and tetanus components. Such a program might materially reduce respiratory illness among both adults and children.

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